





Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

(See Name)

Town  
Dawsonville

County  
Montgomery

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905 Month 1 Day 21 Age Years Months 1 Days 20

Sex Male

Color or Race

Negro

Birth-place

Dawsonville Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Brown

Father's  
Birthplace

"

Mother's  
Maiden Name

Ida Daffney

Mother's  
Birthplace

Clarkesburg Md

Name of person giving  
Information

H. D. House M.D.

How related  
to deceased

CAUSES OF DEATH

Primary

Infective Convulsions

How long

"

Immediate

Convulsions - all attendants

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

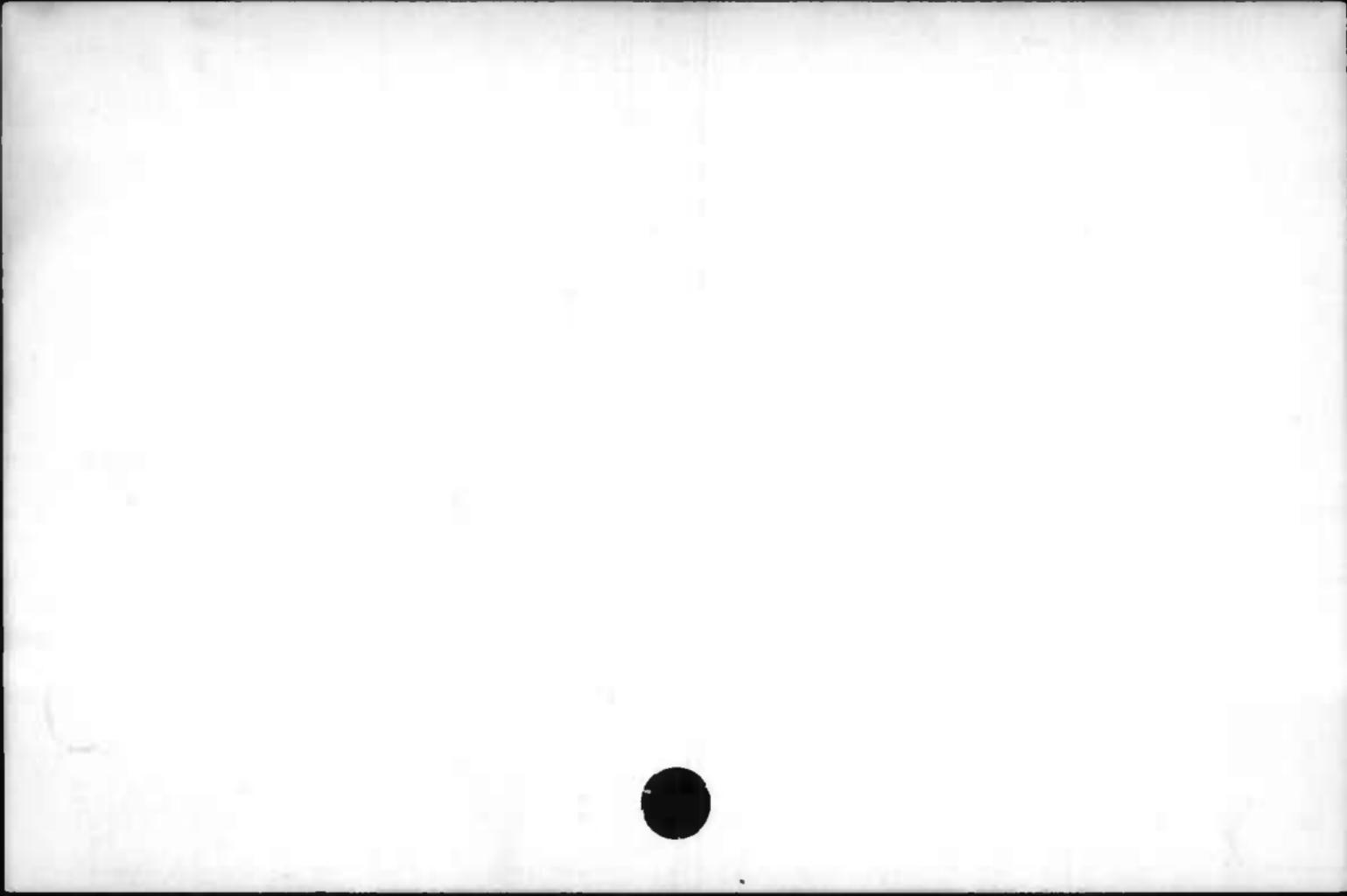
Signature of  
Physician

H. D. House M.D.

Address

Dawsonville Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<b>Harrist Corn Jr</b>				<b>CERTIFICATE OF DEATH</b>			
Town		County		MARYLAND			
Date of death	Month	Day	Years	Months		Days	
1905		27	12	—		—	
Sex	Color or Race	Female Negro.		Birth place		Har Germanator	
Occupation	Domestic			Where Residing if not at place of death			—
Married, Single or Widowed	Name of Wife or Husband			—			
Father's Name	—			Father's Birthplace			
Mother's Maiden Name	Roberta Corn 38			Mother's Birthplace			
Name of person giving Information	Mother.			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Puerperal Convulsions** **Two days.**

How long

Immediate

**Copua.**

How long

Are the name, age, sex, color, date  
and place correctly given above?

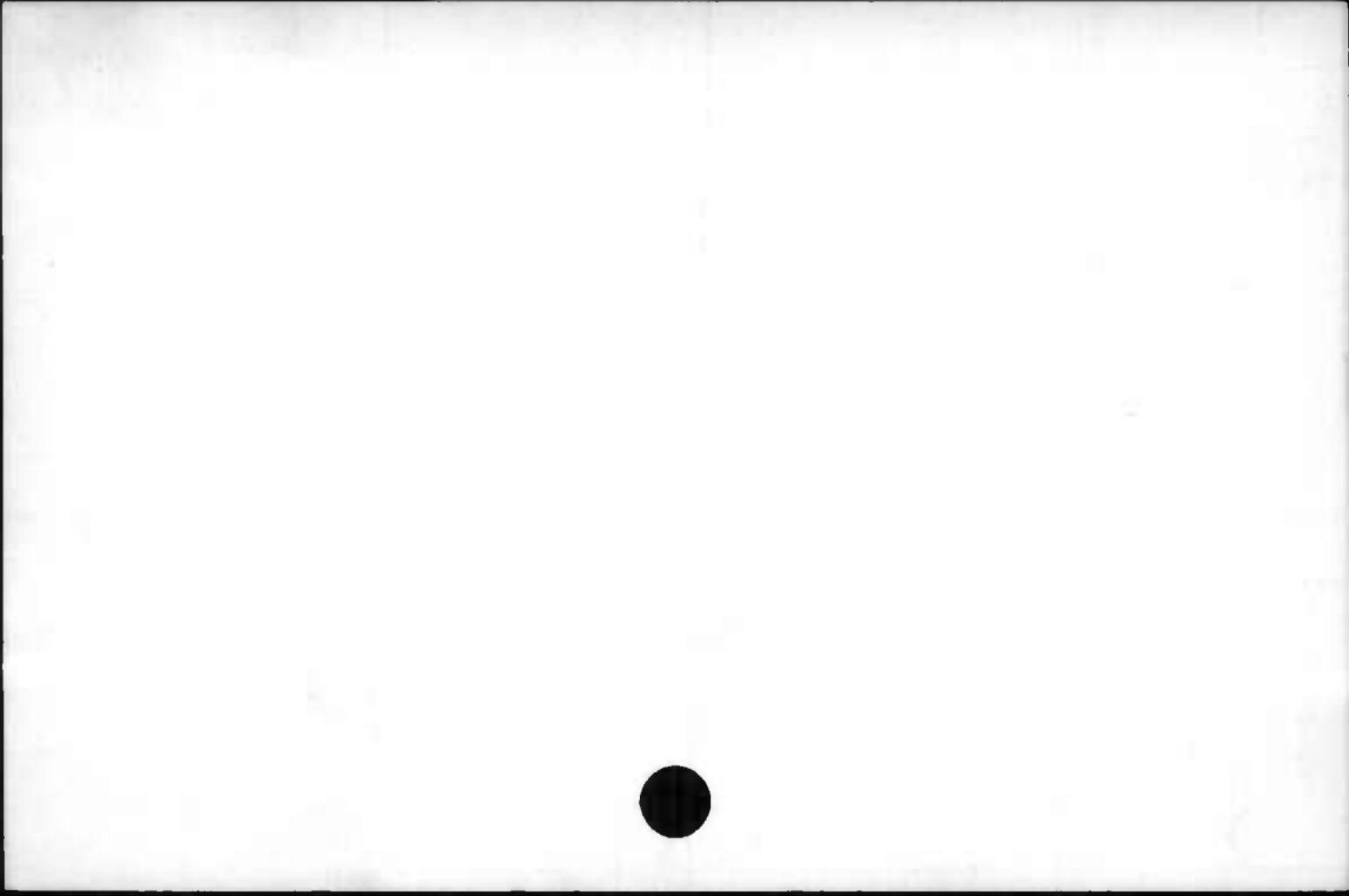
**Yes**

Signature of  
Physician

Address

**H. D. Touse M.D.**  
**Dousonville Md.**

Accident or Suicide?



Name  
in  
Full

Mary Ann Dorsey.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Year	Months	Days	
Feb 19		12	50	2	19	
Sex	Female	Color or Race	White	Birth- place		
Married, Single or Widowed		Occupation		Home wearability		
Single		Housekeeper				
Name of Wife or Husband		Father's Name		Howard Co Md.		
Samuel O'Drugs Dorsey		Mother's Maiden Name		Marlboroville Md		
Maggie Pigg Griffith		Name of person giving Information		How related to deceased		
Samuel O. Dorsey		Brother				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Addison's Disease

How long

2 years

Immediate

Asthenia

How long

3 days

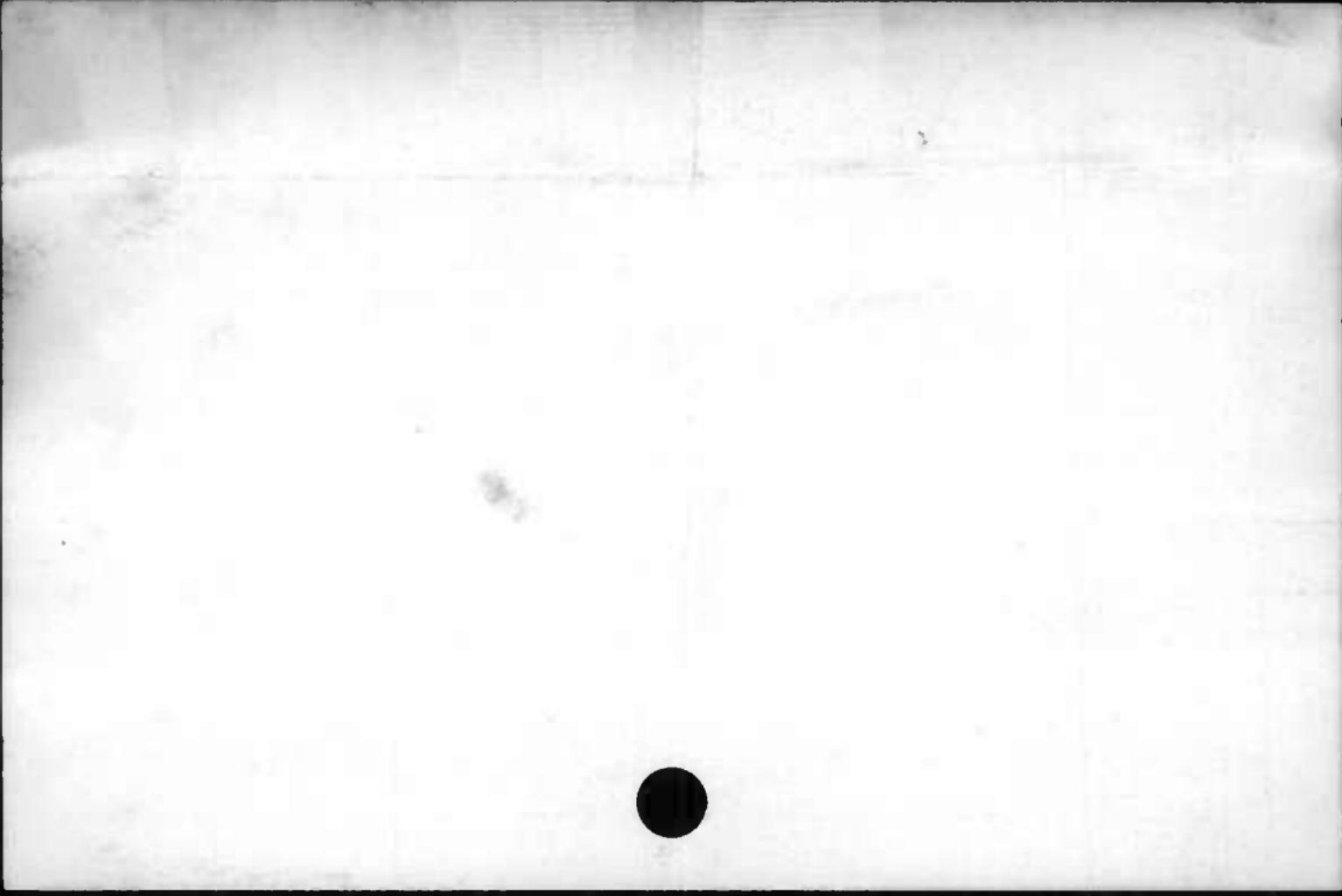
Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianH. G. Spangler  
Milby P. O.

Address

Accident or Suicide?



Name in Full

Certificate of Death

Richmond D. Green  
 Town Gun Echo County Mountg.  
 MARYLAND

Died at

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

Male

White

Age

56

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Elizabeth Green

Wife

Mother's

Father's

Name

Name

Cause of

Primary

Heart Disease

How long sick  
10 Minutes

Death

Immediate

Accident, Suicide, Homicide

Reported by

John L. Lewis, M.D.  
 Bostende, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Nancy Grimes

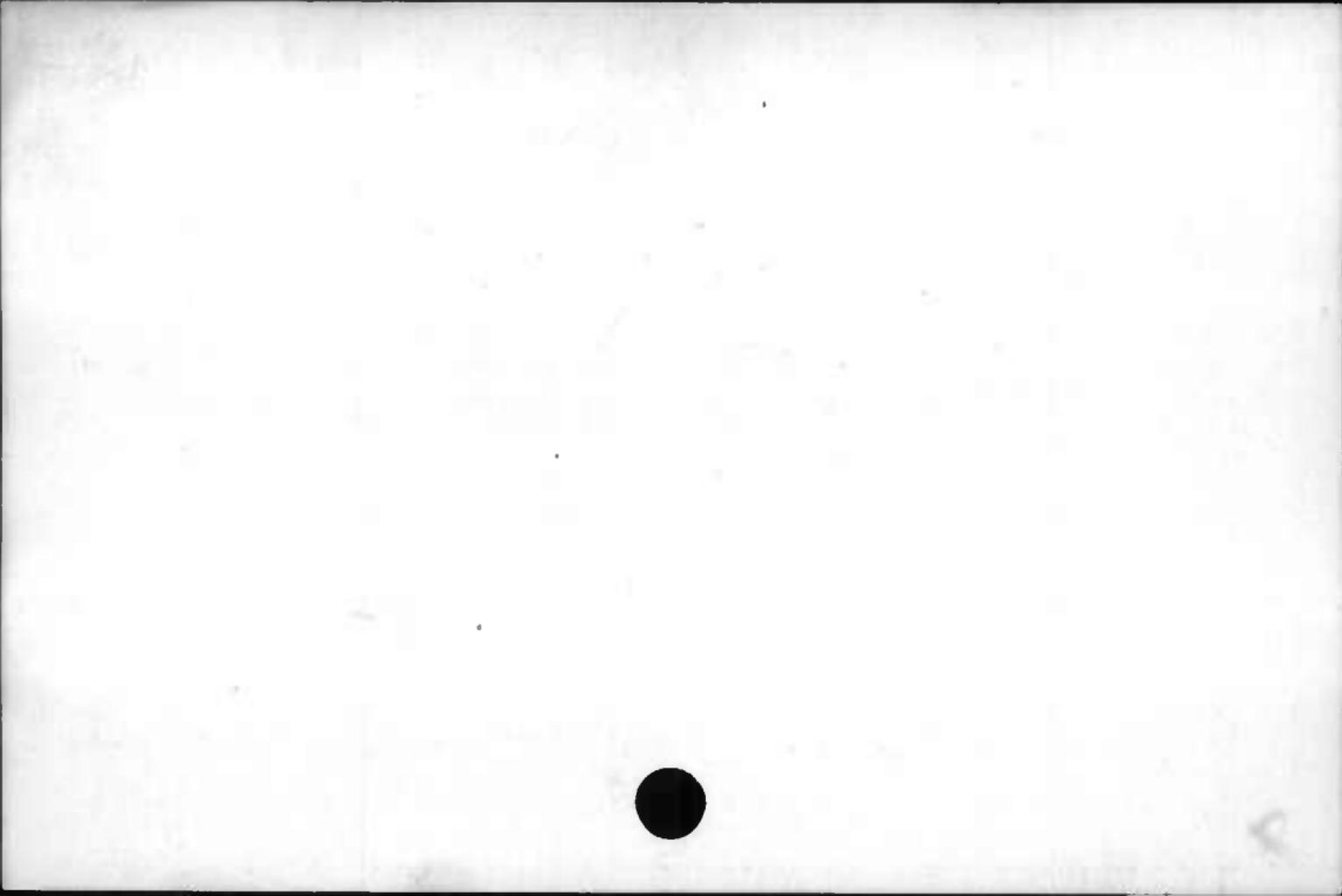
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Jan	19	Age		
Sex	Color or Race	89	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Grimes				
Mother's Maiden Name					
Name of person giving information	Julie Harding				
CAUSES OF DEATH					
Primary	General debility				How long
Immediate	Heart ailment 54				How long
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Address
			J. R. Batson Spencerville Md		

PHYSICIAN  
OR CORONER

8  
Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

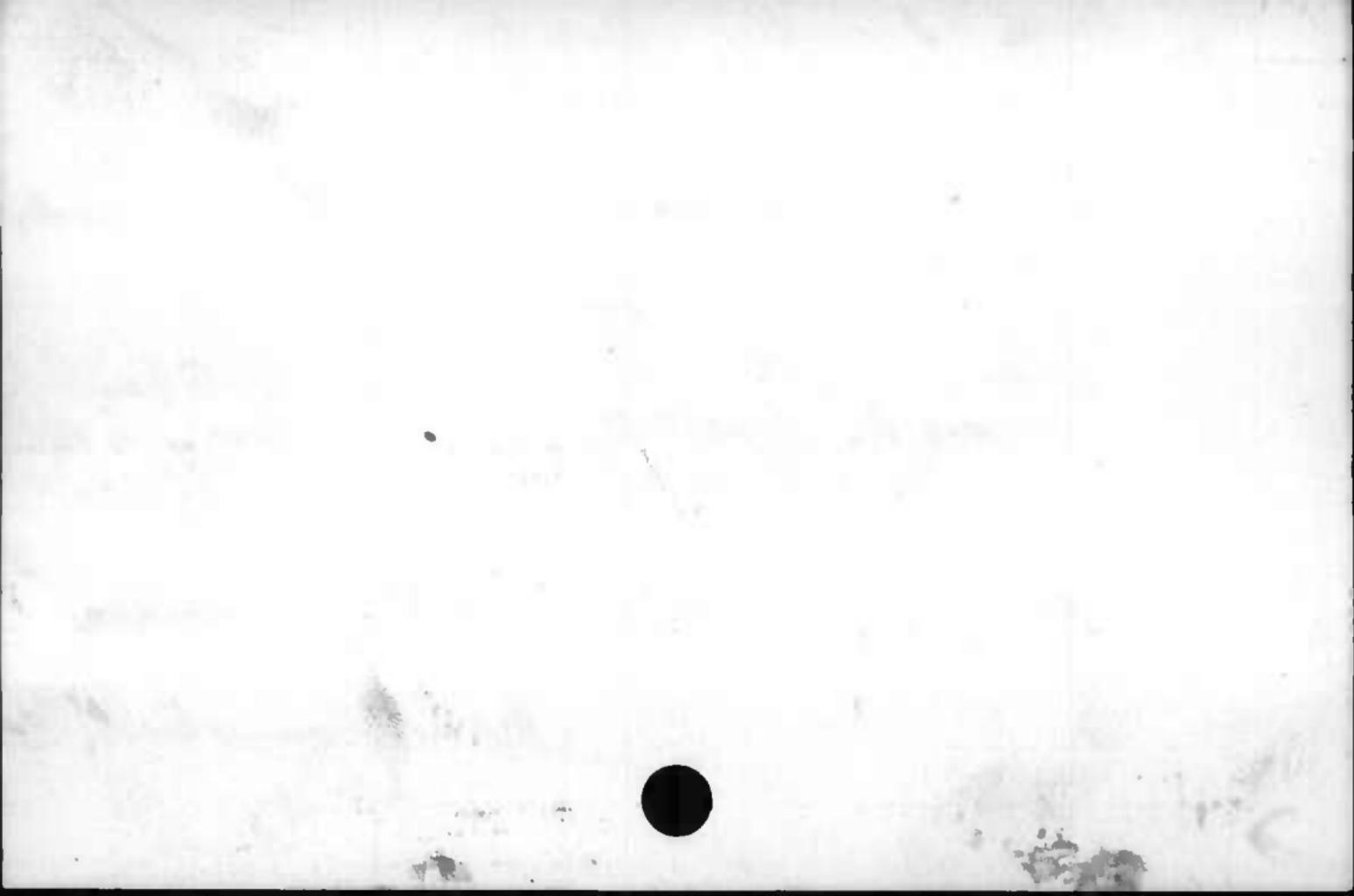
Susan Blaggett Hawkins

CERTIFICATE OF DEATH

Died at		near Eltham		County		MARYLAND			
Date of death	Month	Day	Year	Months		Days			
1905	Jan	27	Age 82	10.	20				
Sex	Color or Race		White	Birth-place		Montgomery Co			
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Name of wife or Husband		Thomas Hawkins						
Father's Name	Asa Blaggett		Father's Birthplace Montgomery Co Maryland						
Mother's Maiden Name	Mary Blaggett Higgins		Mother's Birthplace Montgomery Co Maryland						
Name of person giving Information	How related to deceased daughter-in-law								
Mrs George Hawkins									

CAUSES OF DEATH

Primary	Advanced aged senility		How long Six or seven months
Immediate	Bronchitis Pneumonia		How long three days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Barcl B. Crawford M.D.	Address Laytonsville Maryland
Accident or Suicide?			



Alvin Garrott Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Sandy Spring</u>		Town <u>Montgomery</u> County <u>MARYLAND</u>	
Date of death 1905	Month <u>Jan</u>	Day <u>27th</u>	Years <u>—</u> Months <u>Seven</u> Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Montg.-Co. Md.</u>	
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>	<u>—</u>	
Name of Wife or Husband <u>—</u>	<u>—</u>	<u>—</u>	
Father's Name <u>John Z. A. Hood</u>	Father's Birthplace <u>Montg.-Co. Md.</u>		
Mother's Maiden Name <u>Susan A. Bechelt</u>	Mother's Birthplace <u>Montg.-Co. Md.</u>		
Name of person giving information <u>John Z. A. Hood</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Catarrhal Pneumonia 92 Three weeks

How long

three weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

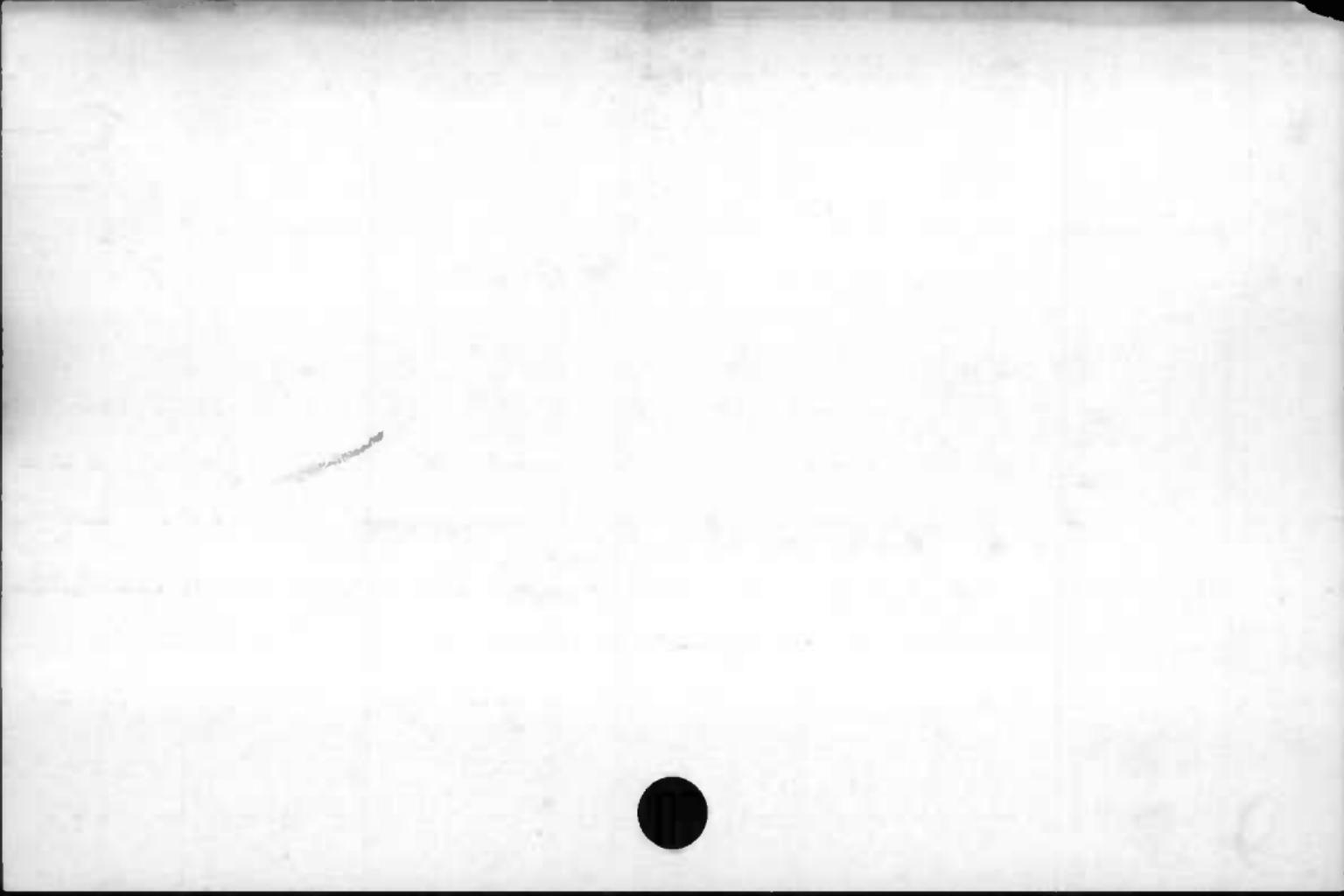
Signature of Physician

Address

Chas. Farquhar.Chas.Med.

Accident or Suicide?



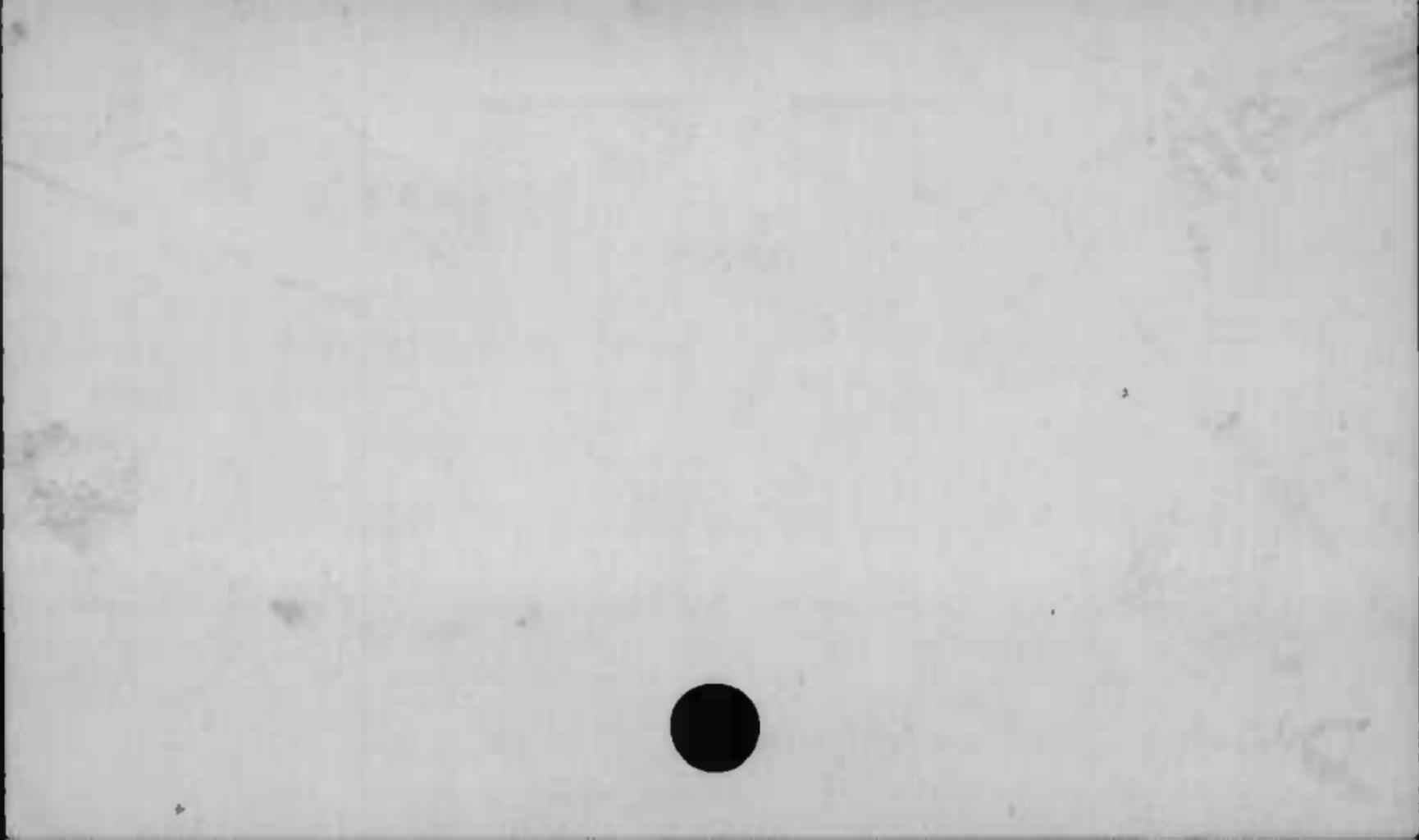


Charles Gustavus Howard

Died at		Town	County	MARYLAND		
Unite		Montgomery				
Date 19	Month	Day	Y.	M.	D.	Native of
1937	July	10	25			Occupation
Male	Age	Married	Widow	Divorced		
Colored	Single		Widower	Number of children living		
Husband of	Geo S. Howard					
Wife	Geo S. Howard					
Father's Name	Geo S. Howard					
Mother's Name	Geo S. Howard					
Cause of Death	Primary	Geo S. Howard			How long sick	
Death	Immediate	Geo S. Howard			Accident, Suicide, Homicide	
Reported by	Geo S. Howard					
Address	Geo S. Howard					

*Explanation of the death*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna Hulson

Died at Bethesda Town Montgomery County MARYLAND

Date <u>1905</u>	Month <u>1</u>	Day <u>28</u>	Y. <u>64</u>	M. <u>o</u>	D. <u>o</u>	Native of <u>Anna House-wife</u>	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			<u>2</u>

Husband

of 

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

How long sick  
4 days

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

<i>Winnie Batson Leozar</i>					CERTIFICATE OF DEATH	
Died at <i>Spencerville</i>		Town <i>Spencerville</i> County <i>Montgomery</i>			MARYLAND	
Date of death <i>1905 Jan</i>	Month <i>Jan</i>	Day <i>30</i>	Years <i>—</i>	Months <i>12</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Spencerville</i>				
Occupation <i>—</i>		Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Male Leozar</i>					
Father's Name <i>Male Leozar</i>	Father's Birthplace <i>Spencerville</i>					
Mother's Maiden Name <i>Sylvie Bryan</i>	Mother's Birthplace <i>Annapolis Md</i>					
Name of person giving information <i>Elagene Leozar</i>	How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*10 days*

Immediate

*93*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*Signature of  
Physician

Address

*J. R. Batson*  
*Spencerville*  
*Md*

Accident or Suicide?



Name  
in  
Full

Rachel Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Jan	31	Age 75			
Sex Female	Color or Race	Black				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Thomas Martin	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					
Dorothy Stanley none						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	93	How long	5 days
Immediate	Heart failure		How long	1 day

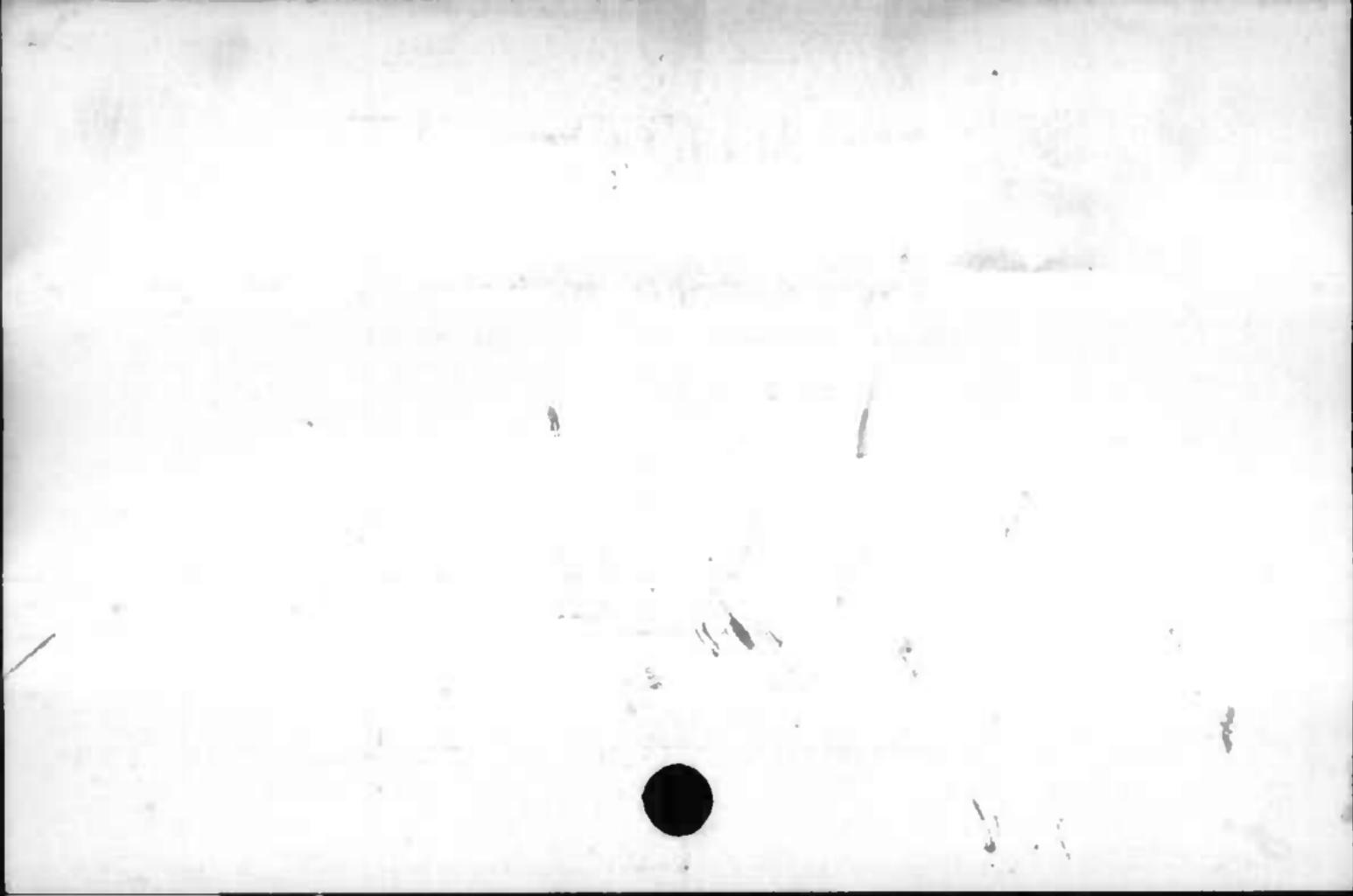
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. G. Baldwin  
Spencerville  
MD

Accident or Suicide?



Sarah A Miles

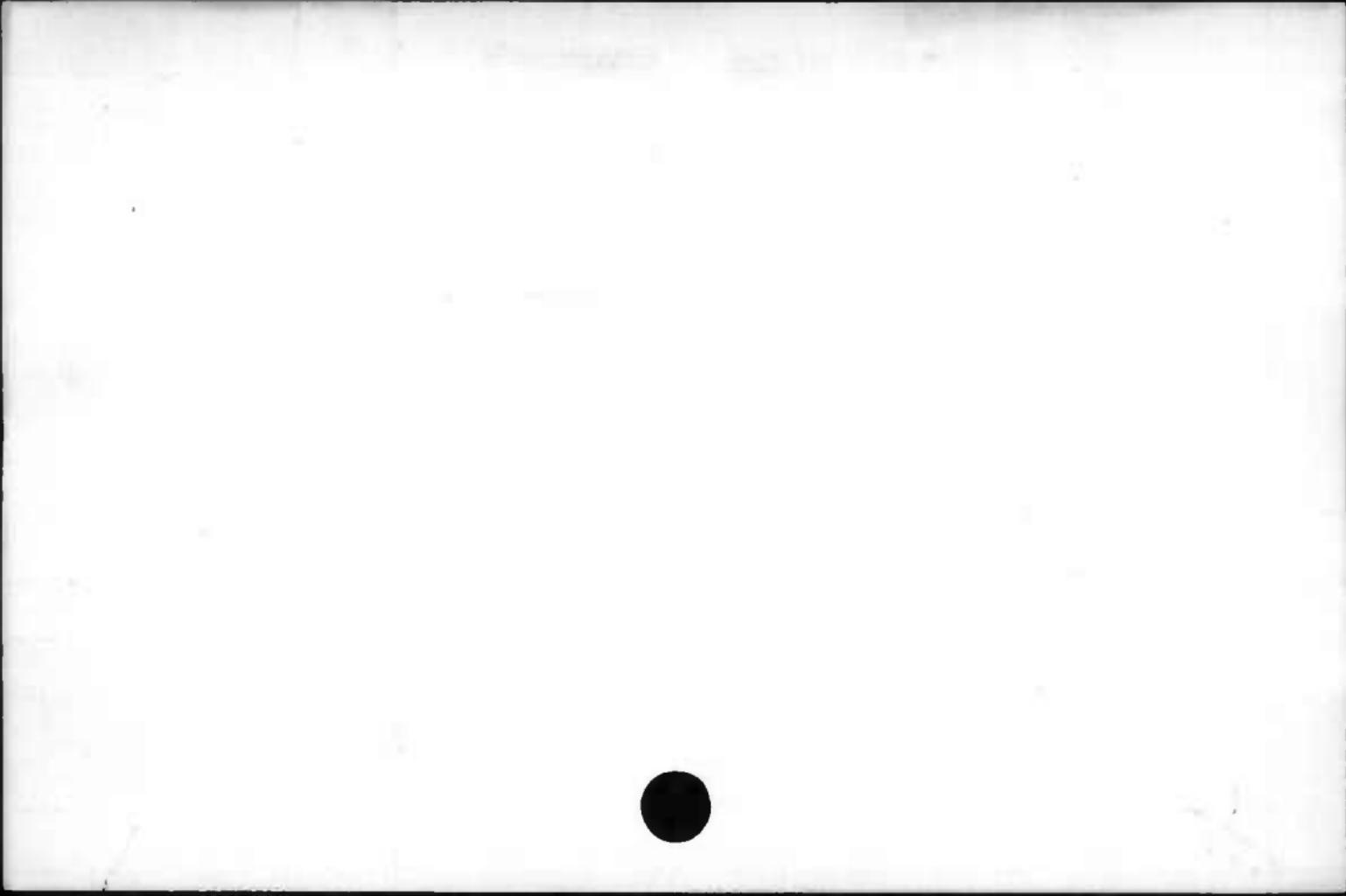
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Pollocksville</u>		Town <u>Montgomery</u> County <u>Maryland</u>		MARYLAND				
Date of death <u>1905</u>	Month <u>January</u>	Day <u>18</u>	Age <u>72</u>	Years <u>7</u>	Months <u>7</u>	Days <u>29</u>		
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>				
Occupation <u>House-wife</u>	Where Residing if not at place of death <u>Pollocksville Md</u>							
Married, Single or Widowed	Name of Wife or Husband <u>James A Miles</u>							
Father's Name <u>Jonathan B Bissell</u>			Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Elizabeth Bissell</u>			Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Dr A D Nurse</u>			How related to deceased <u>Physician</u>					

## CAUSES OF DEATH

Primary <u>valvular Heart Disease</u>	How long <u>93</u>
Immediate <u>Pneumonia</u>	How long <u>93</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Malton D Nurse</u>
	Address <u>Darrowsville Md</u>
Accident or Suicide? <u>9</u>	



Name  
in  
Full

Ruth Swails Mills

CERTIFICATE OF DEATH

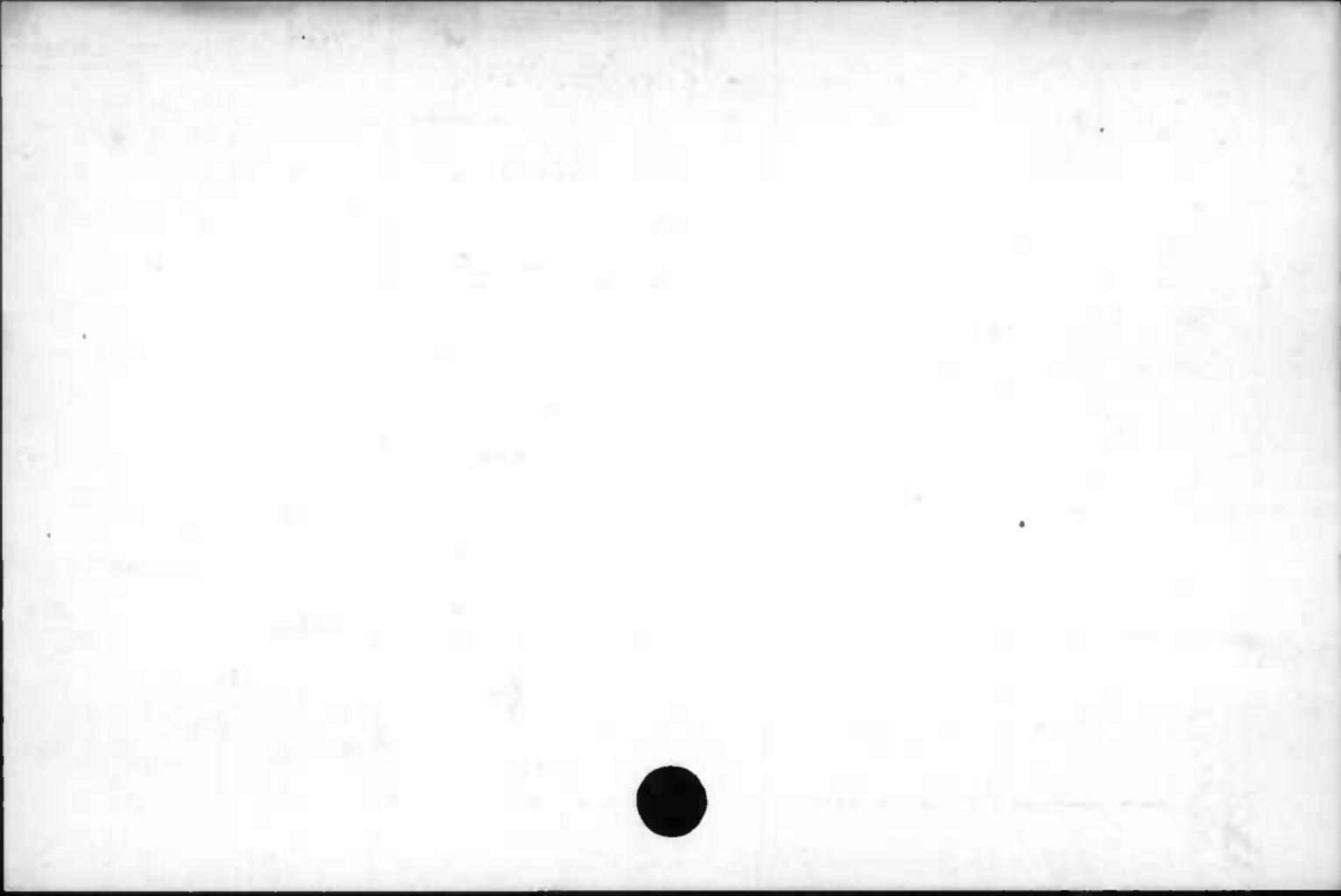
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>New Brighton</u>		Town	County <u>Montgomery</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>5</u>	Years <u>35</u>	Age <u>35</u>	Months <u>3</u>	Days <u>5</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Occupation <u> </u>		Where Residing if not at place of death <u> </u>	Birth-place <u>Montgomery Co</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Mills</u>	Father's Name <u>Alexander Swails</u>		Father's Birthplace <u>Montgomery</u>	Mother's Name <u>Louisa Swails</u>		Mother's Birthplace <u>Montgomery</u>
Mother's Maiden Name <u> </u>	Name of person giving information <u>Alexander Swails</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>8 months</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Basil B Crawford</u>
	Address <u>Raytownville Md</u>
Accident or Suicide? <u> </u>	



Name  
in  
Full

Solomon Mines

5-1-111

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Glen</u>		Town		County <u>Mary</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>January</u>	Day <u>ninth</u>	Years <u>55</u>	Age <u>55</u>		Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>negro</u>		Birthplace <u>va</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Glen</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>va</u>				
Father's Name <u>Moses mines</u>							
Mother's Maiden Name <u>Susan</u>	Mother's Birthplace <u>va</u>						
Name of person giving Information <u>Sarah mines</u>	How related to deceased <u>daughter</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gun shot wound</u>		How long <u>199</u>
Immediate	<u>stomach</u>		How long <u>199</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>		Signature of Physician <u>E. R. Bell Cor.</u>
			Address <u>Palomac Md</u>
Accident or Suicide?			



Rosaria A. Jackson Offutt.

## CERTIFICATE OF DEATH

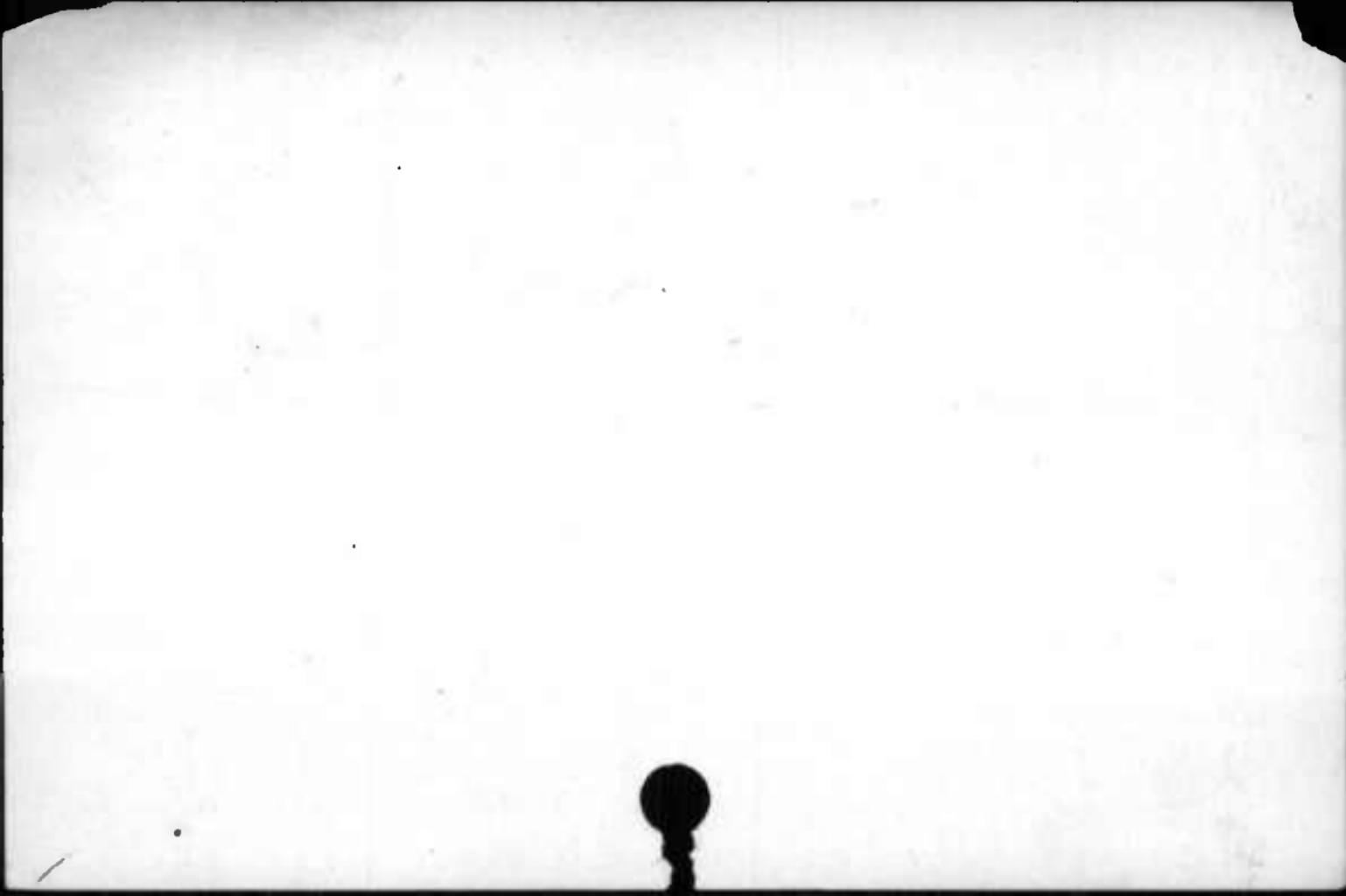
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Cabin John		County	Montgomery	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	72		
Occupation	Housewife.				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Joshua N. Offutt.		
Father's Name	Robt R. Jackson				
Mother's Maiden Name	Matilda A. Jackson				
Name of person giving Information	Robt Offutt				
Father's Birthplace	Ta.				
Mother's Birthplace	Ta.				
How related to deceased	Son				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Emphysema		How long	Several Years
Immediate	Organic heart disease.		How long	X ?
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. J. Pratt, M.D.	
Yes		Address	Potomac	
Accident or Suicide?		X		



Martha L. A. Brather

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Laytonsville		Montgomery			
Date of death	Month	Day	Years	Months	Days	
1905	Aug	2	Age	4	7	
Sex	Color or Race		Colored			
female						
Occupation			Where Residing if not at place of death			
Married, Single or Widowed						
Father's Name	Name of Wife or Husband					
Howard A Brather						
Mother's Maiden Name						
Rosie Lancaster						
Name of person giving information						
Howard A Brather						
Father's Birthplace			Laytonsville			
Mother's Birthplace			Laytonsville			
How related to deceased			Father			

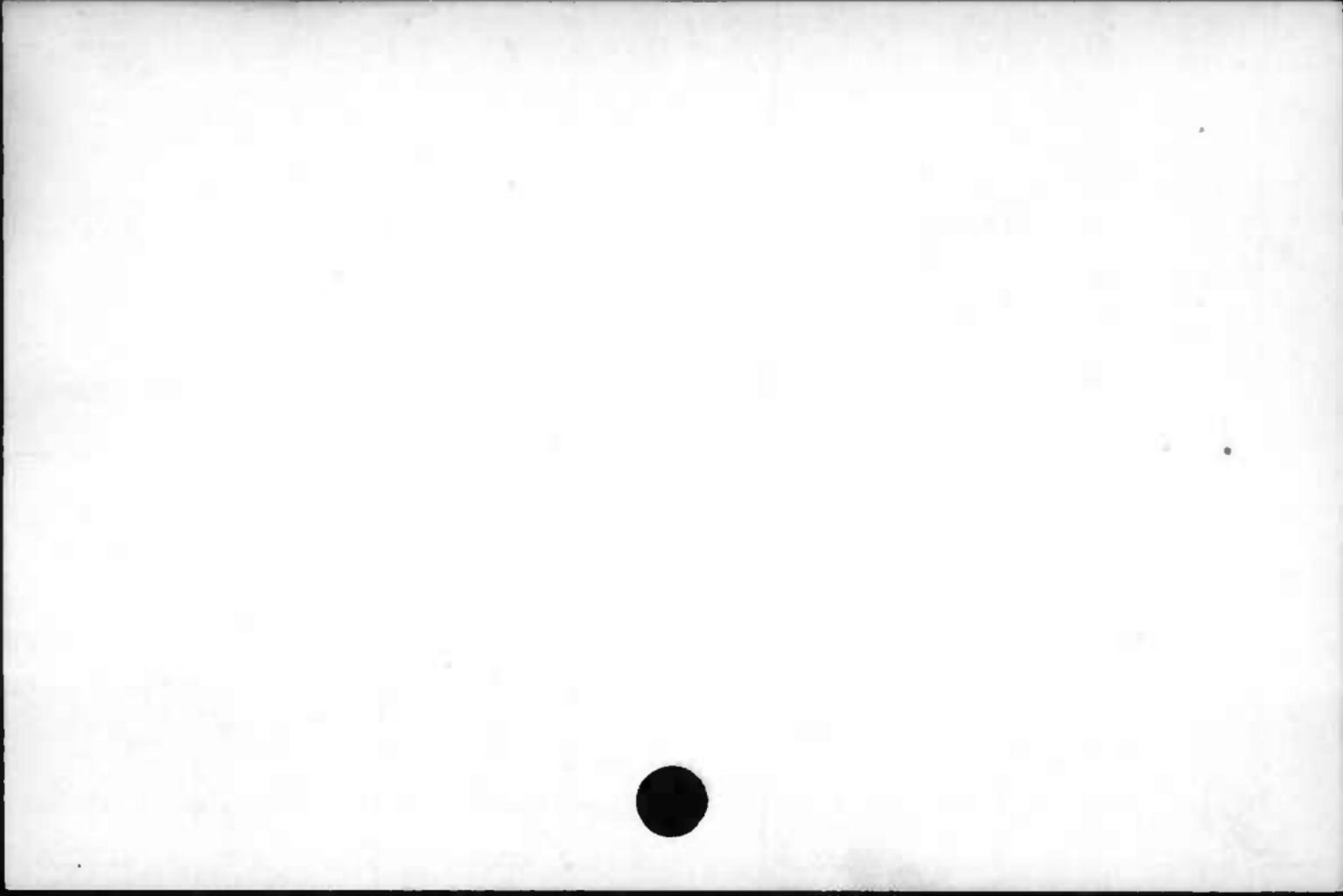
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Lobular Pneumonia		How long
	2		10 days
Immediate	Exhaustion		How long
			"
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			W H Dyer
			Address
			Laytonsville Md

J

Accident or Suicide?



Name  
in  
Full

Maggie Williamson Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1905	Jan	16	30			

Sex

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of death

House wife

Rev. Price

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Williamson

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

Rev. Price

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Labor

138

How long

4 hours

Immediate

Postpartal Convulsions

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. E. B. Balsam  
Spencerville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Henry Rhinehart

CERTIFICATE OF DEATH

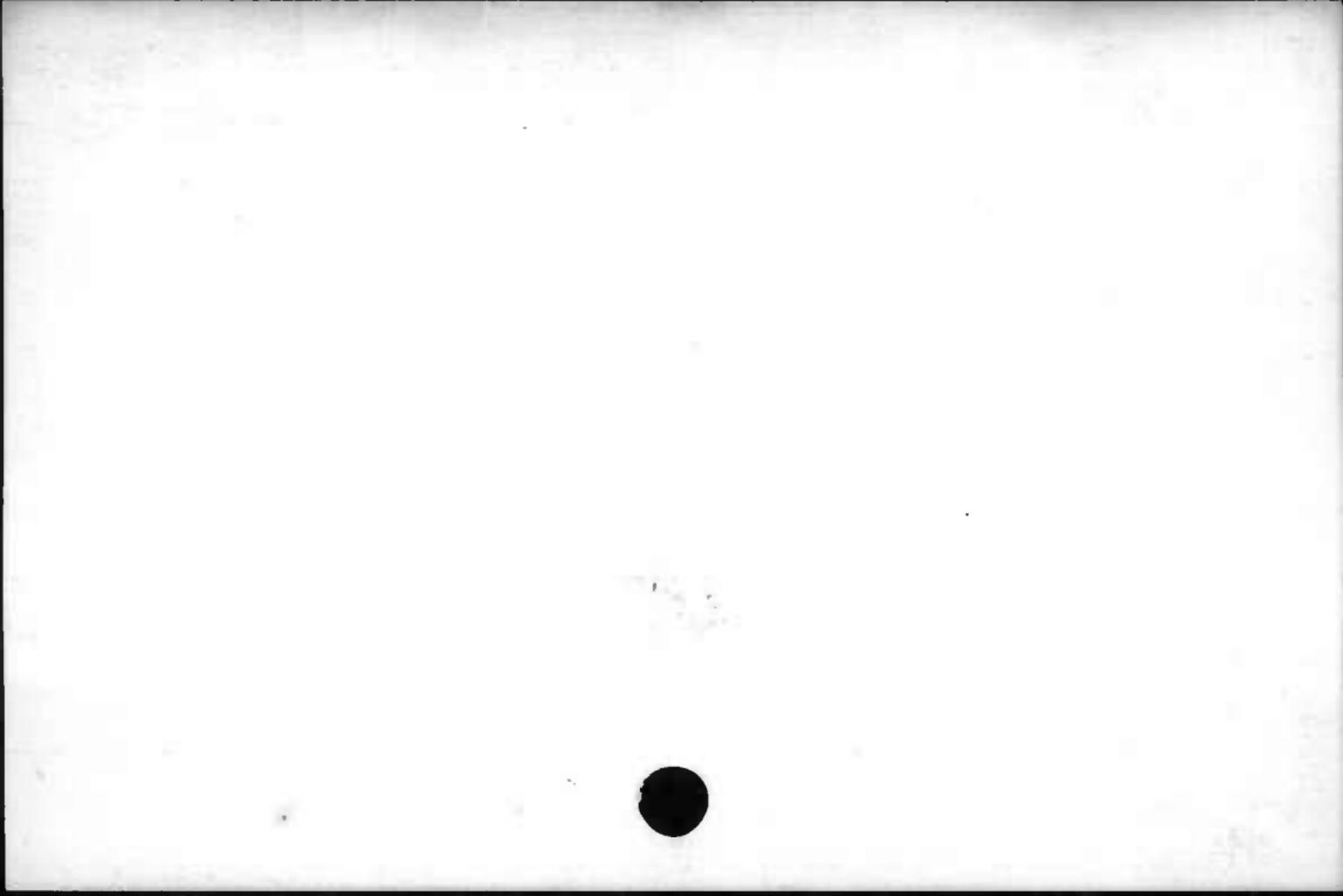
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>23</u>	Age <u>73</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>X</u>					
Married, Single or Widowed <u>Don't know</u>	Name of Wife or Husband <u>Don't know</u>					
Father's Name <u>Don't know</u>	<u>X</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>	<u>X</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>X</u>				How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	<u>X</u>	How long <u>Two years</u>
Immediate <u>Asphyxiation</u>	<u>X</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Anderson M.D.</u>	
	Address <u>Rockville, Md.</u>	
Accident or Suicide? <u>No</u>		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

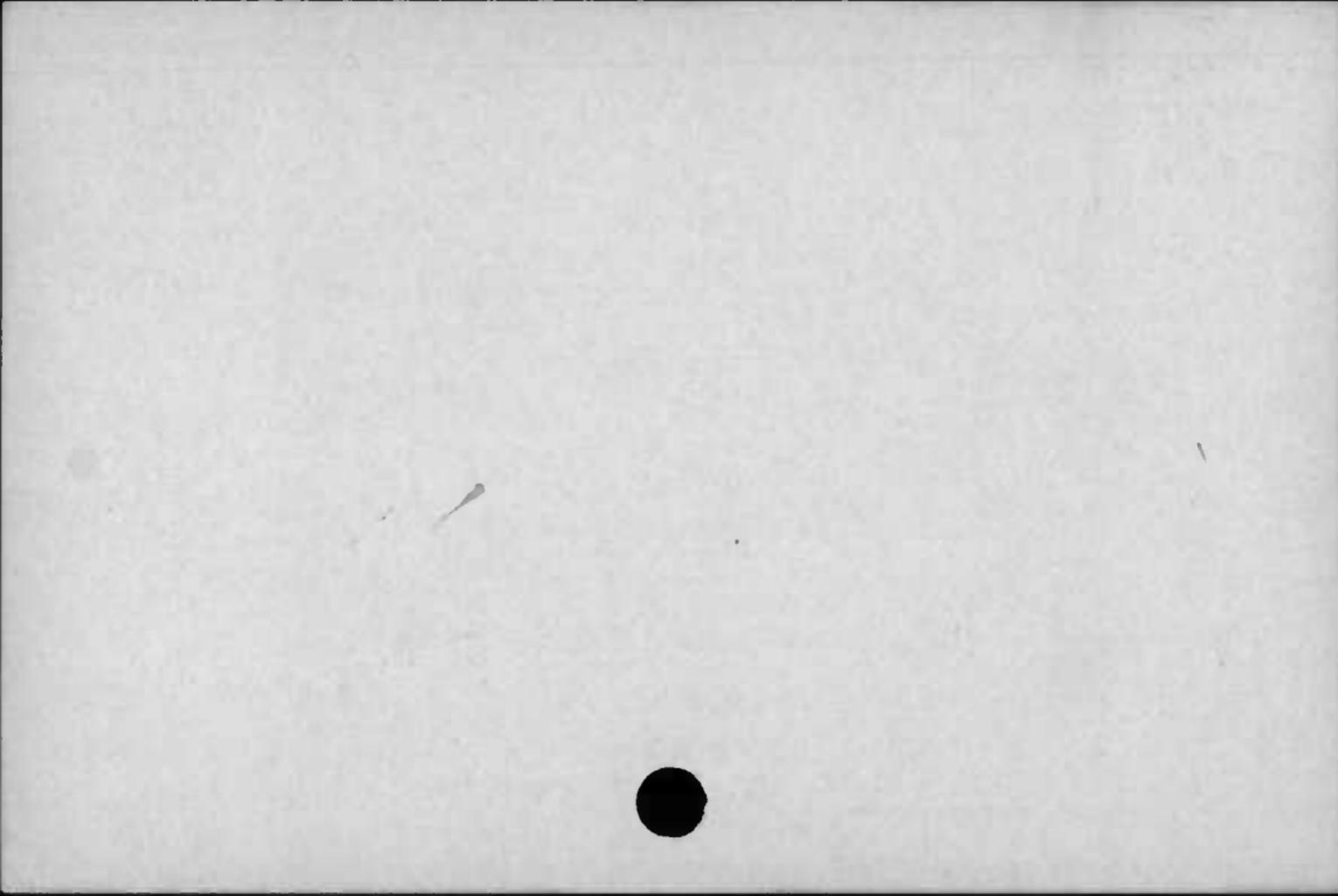
Gladys Brooke Sullivan

CERTIFICATE OF DEATH

Died at		Town Brookville	County Montgomery	MARYLAND		
Date of death	Month Jan.	Day 3 <sup>rd</sup>	Years 1	Months 8	Days	
Sex Female	Color or Race White	Birth-place Brookville				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name Artemus Sullivan		Father's Birthplace Howard Co.				
Mother's Maiden Name Emma Jane Clark		Mother's Birthplace Howard Co.				
Name of person giving Information Artemus Sullivan		How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Scald	16 <sup>th</sup>	How long about 18 hours
	Immediate Shock	16 <sup>th</sup>	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. F. Green.	
		Address Brookville, Md.	
Accident or Suicide?			



Name  
in  
Full

Karen Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Severn</u> Town		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1905 Jan 12</u>	Month <u>January</u>	Day <u>12</u>	Age <u>about 80</u>	Years	Months _____ Days _____
Sex <u>Male</u>	Color or Race <u>colored</u>	Birthplace <u>Severn</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband				
Father's Name <u>X</u>	Father's Birthplace				
Mother's Maiden Name <u>X</u>	Mother's Birthplace				
Name of person giving Information <u>John L. Litchfield</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

Primary	<u>Chronic Bright's Disease</u>	How long	<u>3 or 4 yrs</u>
Immediate	<u>inflammation</u>	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

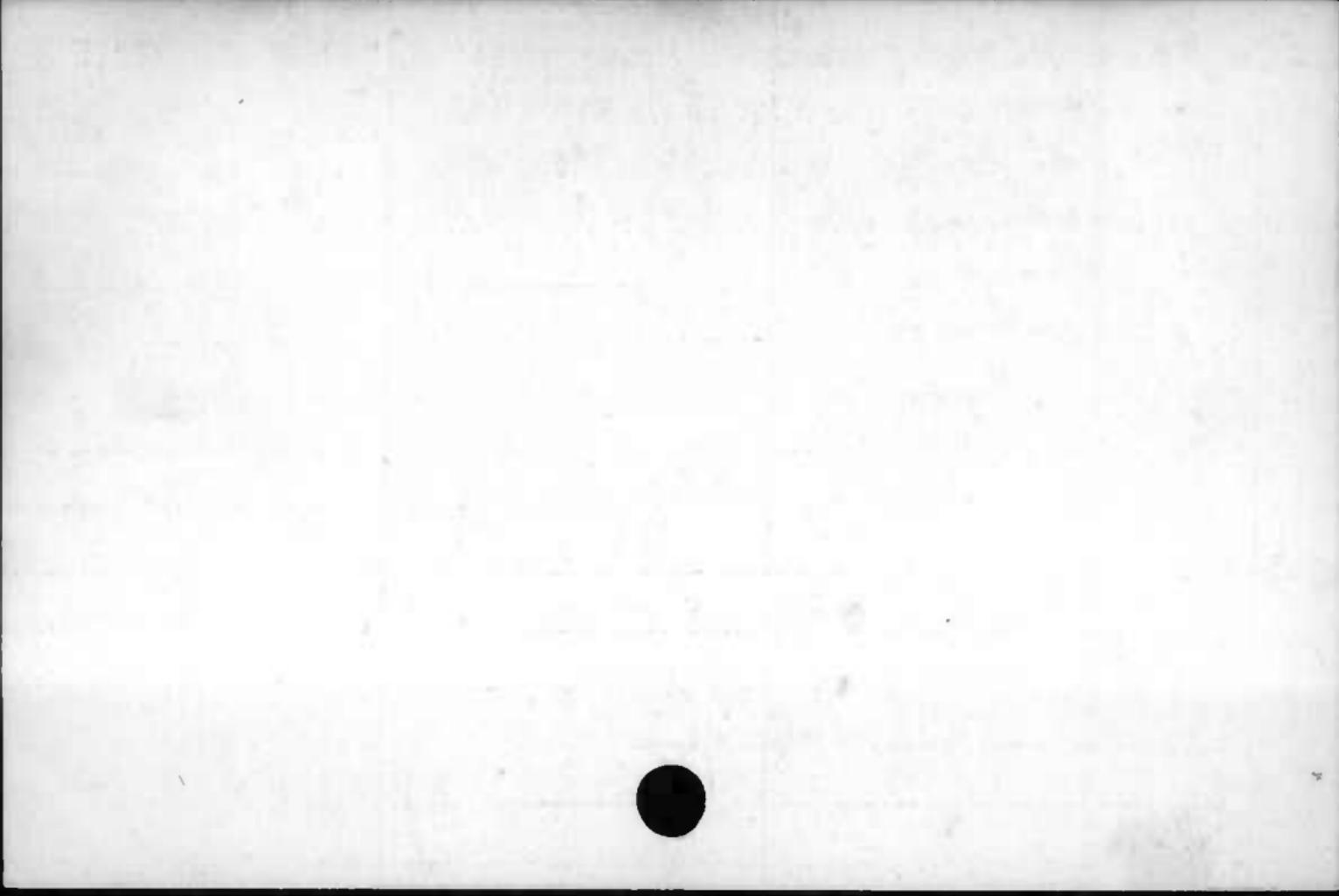
Address

John L. Litchfield  
Rosemead Md

8

Accident or Suicide?

No



Name  
in  
Full

Alfred Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oakdale</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Jan.</u>	Day <u>31</u>	Years <u>82</u>	Age	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>Farm hand</u>		Birth-place <u>Virginia</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	<u>Cliff Bready</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Alcohol  
Paralysis

6X

How long

About 12 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Lee

Signature of Physician

Address

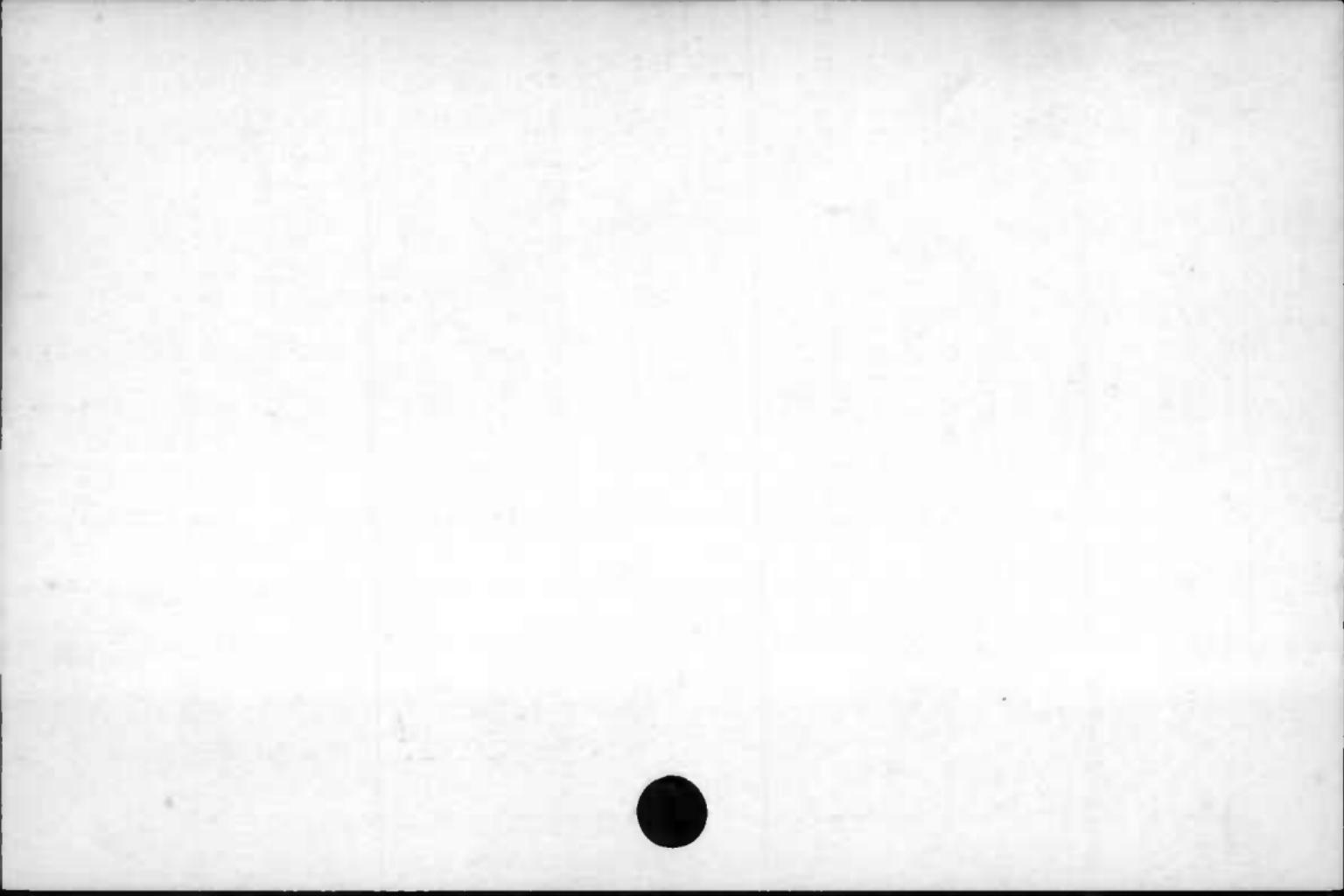
Cliff. Tonguebar, H. C.

Clifford

Med.

As far as known

Accident or Suicide?



Name  
in  
Full

Ella A. Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Middlebrook		Town	County		MARYLAND	
Date of death	1905	Month 1	Day 11	Years 2	Months 7	Days 25
Sex	Female	Color or Race	Colored		Birth-place	
Occupation	—		Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband		—		
Father's Name	Agnesia Washington		Father's Birthplace		Montgomery, Md.	
Mother's Maiden Name	Lila Fairfoot		Mother's Birthplace		Montgomery, Md.	
Name of person giving information	Agnesia Washington		How related to deceased		Father	

CAUSES OF DEATH

Primary	Euleritis	How long
Immediate	Peritonitis	How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. B. Hadley,

Holaburgo,  
Md.

J

Accident or Suicide?

1905

Name  
In  
Full

Joseph Horace Waters

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1905		Month 1	Day 21	Years —	Months 10	Days 14
Sex	Male	Color or Race	White	Birth- place	Montgomery Co.	
Occupation	—	Where Residing if not at place of death				—
Married, Single or Widowed	—	Name of Wife or Husband				—
Father's Name	William J. Waters				Father's Birthplace	Montgomery
Mother's Maiden Name	Mary H. Hoyle				Mother's Birthplace	Barnesville, Pa.
Name of person giving Information	My other				How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dentition

How long

3 Weeks

Immediate

General Congestion

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

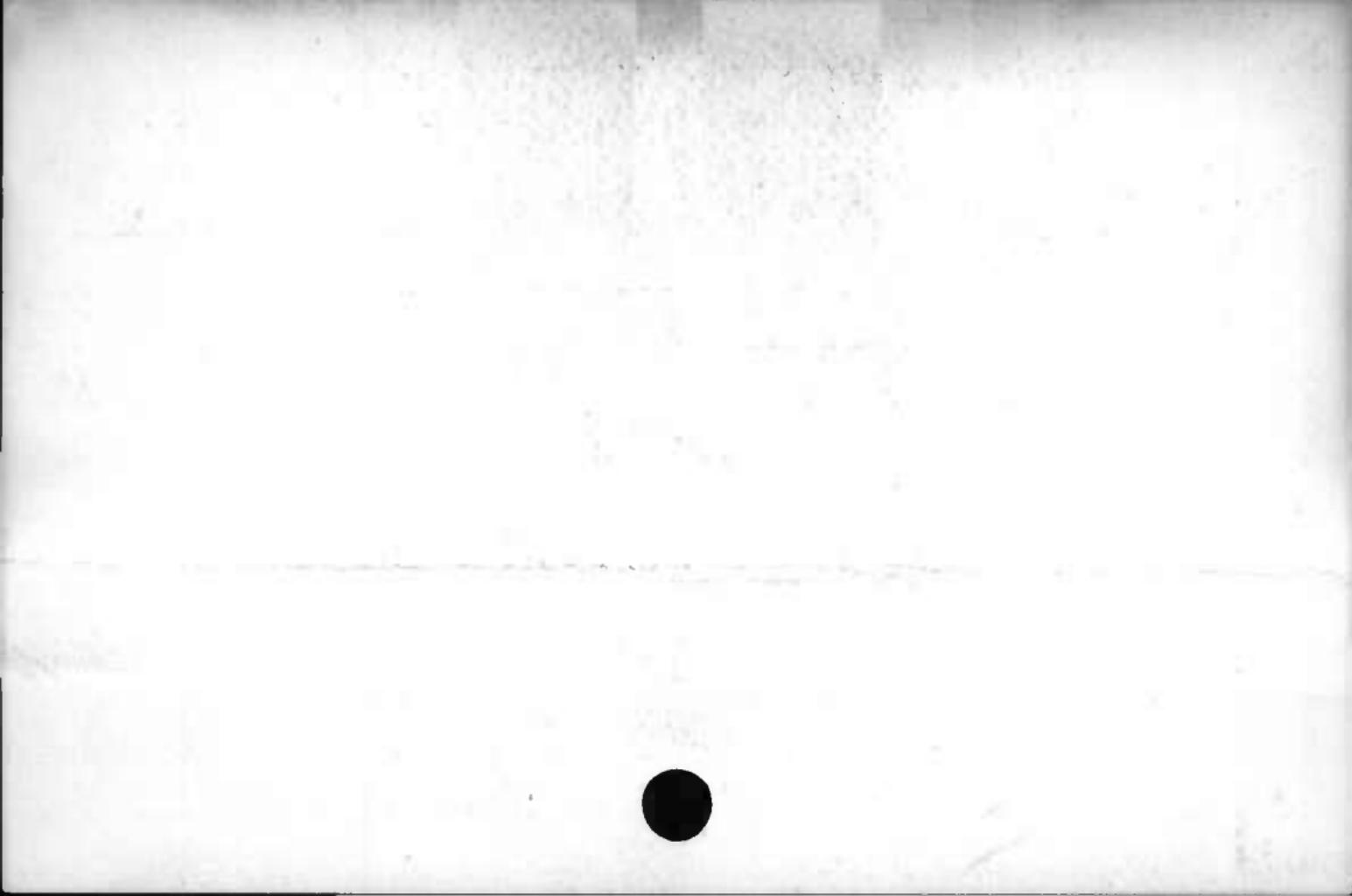
Signature of  
Physician

Dr. J. N. Singers

Address

Montgomery Co.

Accident or Suicide?



Henretta Elizabeth Wilcoxon  
Died <sup>Town</sup> near Laytonsville <sup>County</sup> Montgomery

## CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	January	Monday	83	one	

Sex	Female	Color or Race	White	Birth-place	Montgomery Co Maryland
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Occupation	Housewife	Where Residing if not at place of death
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Married or Widowed	
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	Husband
--	---------

Uriah H Griffith

Father's Name	Moralis Wilcoxon	Father's Birthplace	Maryland
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Mother's Maiden Name	Aura Gaither	Mother's Birthplace	Maryland
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Name of person giving information	Henretta Gaither Christopher	Related to deceased	Daughter
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## CAUSES OF DEATH

Primary	Acute indigestion	How long	Twentyfour hours
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Immediate	Heart failure	How long	four hours
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Are the name, age, sex, color, date and place correctly given above?

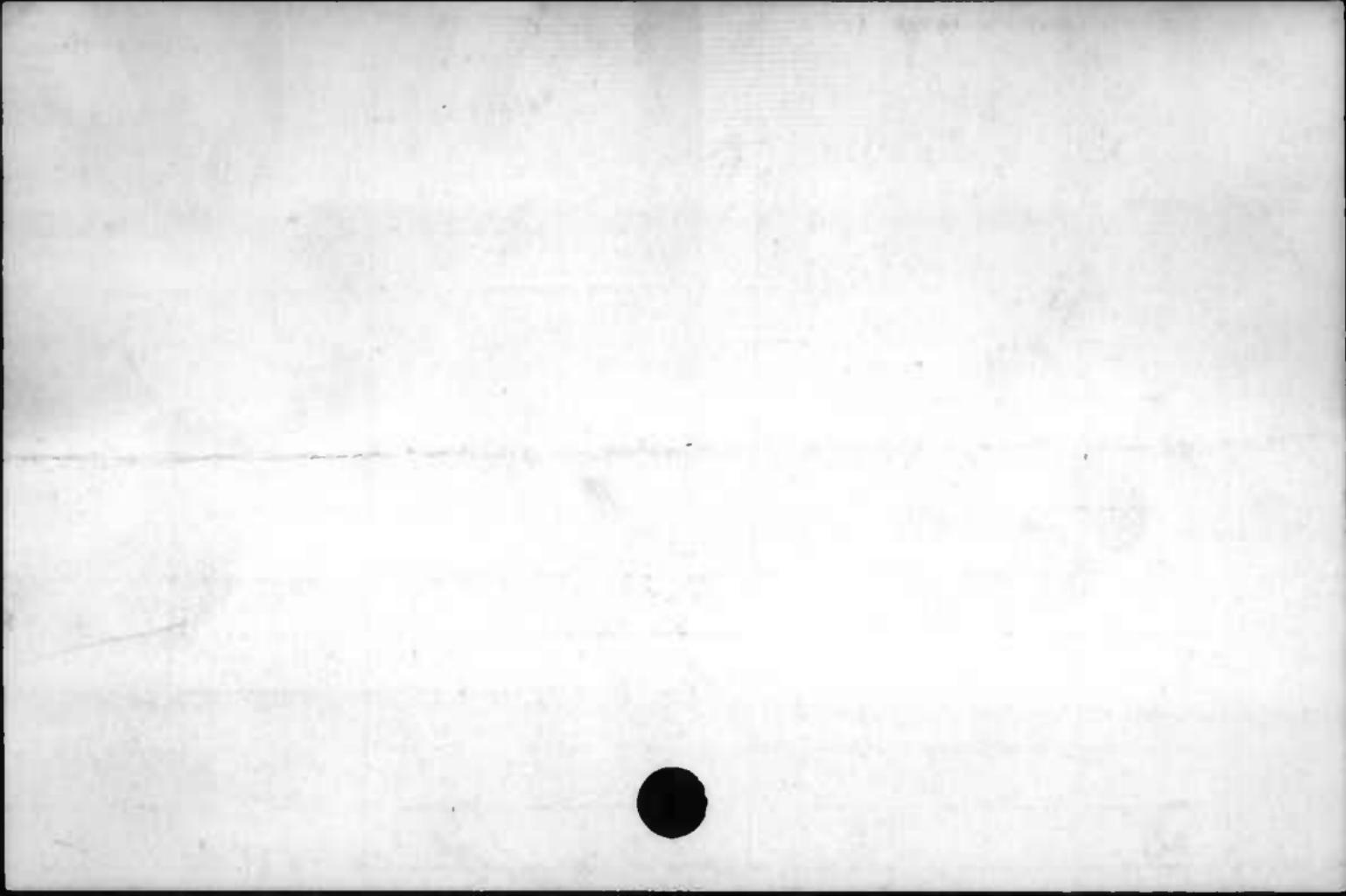
Yes

Signature of Physician

Address

Barie B Crawford  
Laytonsville  
Maryland

Accident or Suicide?



Henry G. Wood

Town

County

MARYLAND

Died at

Hyattstown

Worthy.

Native of

1905

Month

Day

Y.

M.

D.

Native of

Date 189

Male

White

Age

52

Married

Widow

Occupation

Female

Colored

Single

Widower

Divorced

Number of children living

4

Husband

of

Mary Hopkins

Mother's

Father's

Name

Name

Cause of

Primary

Tuberculosis

How long sick

12 mos.

Death

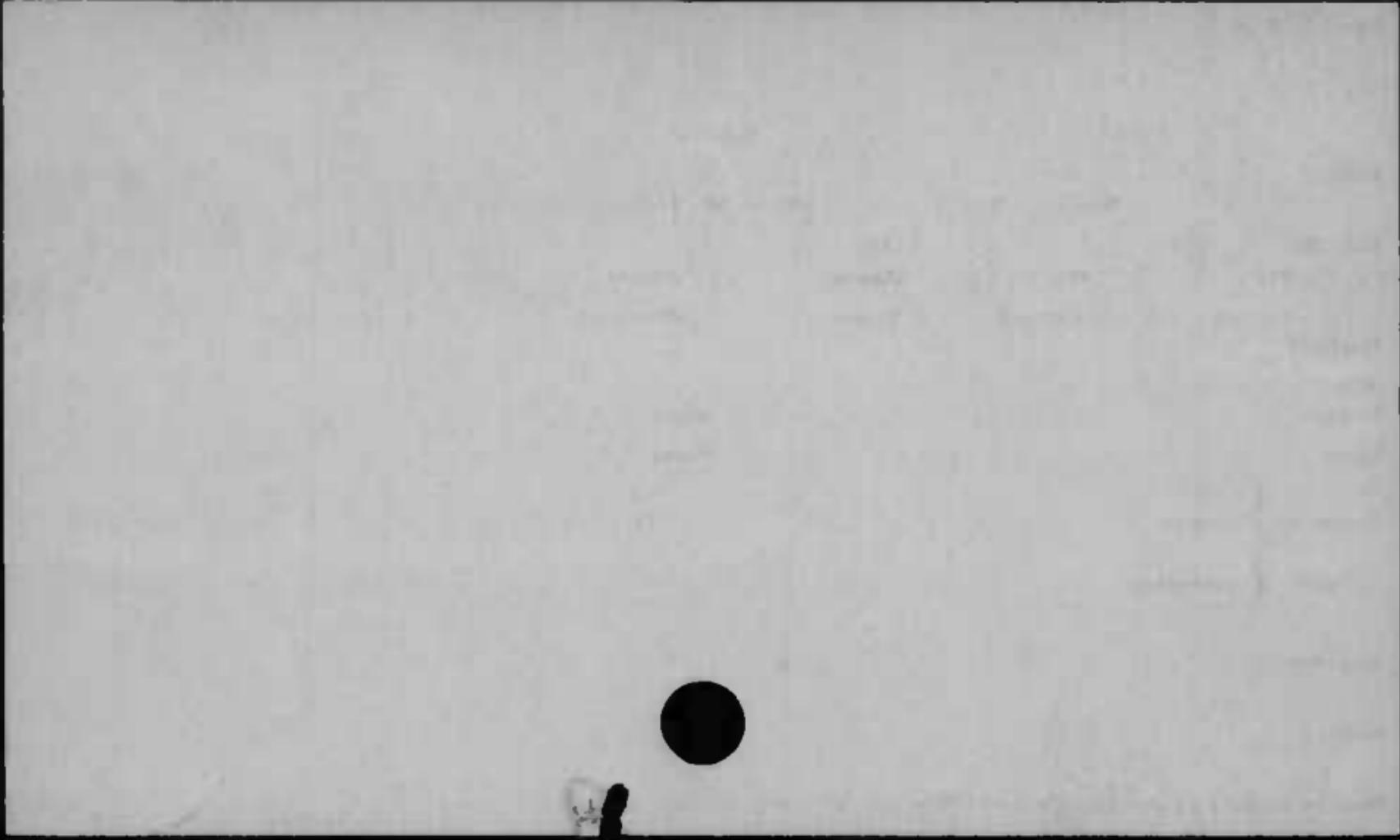
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Britannia Lwynn

Town

County

D.C.

MARYLAND

Died at

Wash.

Date 1905  
189

Month

Day

Y.

M.

D.

Age

18, 11, 13

Married

Native of

Md.

Occupation

Housewife

~~White~~

White

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband  
of

✓

Wife

Father's

Name

Matthew

Mother's

Name

Cause of

Primary

Phthisis Pulmonalis

How long sick

Death

Immediate

Accident Suicide, Homicide

Reported by

Address

John L. Lewis, M.D.  
Protinda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

